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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction of information unless it displays a valid OMB control number. work Reduction Act of 1995, no persons are required to respond to Application Number 10/040,771 **TRANSMITTAL** Filing Date 01/09/2002 First Named Inventor **FORM** Christoph RABER Art Unit 3681 **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number 10756 C PCT Cont. US

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ENCLOSURES (Charlettatana)											
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under 37 CFR 1.52 or 1.53			as indicated on the enclosed Power. TURE OF APPLICANT, ATTORNEY, OR AGENT								
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Firm Name					\mathcal{A}						
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Printed name Alfred		J. Mangels									
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Pan rk Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/040.771 **Application Number** FEE TRANSMIT Filing Date 01/09/2002 For FY 2005 First Named Inventor Christoph RABER **Examiner Name** R. Bonck Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3681 TOTAL AMOUNT OF PAYMENT (\$) 530.00 Attorney Docket No. 0756 C PCT Cont. US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None 501300 Deposit Account Deposit Account Number:_ Deposit Account Name: Alfred J. Mangels For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✔ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 100 130 50 65 Plant 200 300 100 150 160 ጸበ Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 180 **Total Claims Multiple Dependent Claims** Extra Claims Fee (\$) Fee Paid (\$) 37 - 20 or HP = 2 x 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) 2 - 3 or HP = 0 x HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) _____ (round up to a whole number) x / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Extension of time fee; Terminal Disclaimer; Information Disclosure St. fee 430

SUBMITTED BY			
Signature	Ullin	Registration No. (Attorney/Agent) 22,605	Telephone (513) 469-0470
Name (Print/Type)	Alfred J. Mangels		Date //6/06

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